REPORT

The Year of
THE GIRL CHILD
in
Bangladesh

A Symposium

19 July 1990

UNIC
(United Nations Information Centre)

Organised by
VHSS
(Voluntary Health Services Society)

Report on the symposium on The Year of The Girl Child in Bangladesh

Organized by

Voluntary Health Services Society (VHSS)

Published by:

Voluntary Health Services Society (VHSS)
273-274, Baitul Aman Housing Society, Road No. 1,
Adabar, Shyamoli, Dhaka-1207, GPO Box No. 4170,
Dhaka, Bangladesh. Phone : 81 29 62, 81 57 55

October, 1990

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CONTENTS

INTRODUCTION:

How often does our conscience allow us to take notice of the little girl, barely able to support her own frame, carrying another infant, as our cars pull up near the signal post. She does not beg to fend for herself - she begs because she is not young enough to remain sitting on her mother's lap and she certainly is not old enough to be married. She begs to support her family. How frequently do we recognize the needs of the girl who comes to our home to wash the daily utensils? And how many times do we intervene when she is brutally assaulted by forces much stronger than she is? Do we even know who she is and why her status is so? The definition accepted, defines a child as anyone who is below the age of 18.

There are overwhelming similarities in the predicament of the girl child in this region and SAARC, in its recognition, has declared 1990 as the Year of Girl Child.

The Girl Child faces discrimination from the time of her birth because she is considered to an economic liability. How do we decide who the Bangladeshi Girl Child is - is a girl some one below the age of 18? What about the little girl who got married under age of 16? Should a mother of 14 or 15 years of age be considered as a child or an adult?

The aim of this symposium was to identify this Girl Child and her needs and to assist in improving her status by generating ideas, by implementing plans, and by creating incentives. Because she is not only a girl child, but also a future mother of the nation, and she needs to be healthy and cared for so that her children will help in attaining Health For All by the Year 2000.

INAUGURATION SPEECH

Dr Nasir Uddin
Director, VHSS.

I on behalf of VHSS welcome you all to the symposium. I thank you for taking the time to be with us today.

The problems of the Girl Child has been discussed for quite sometime but any organized discussion to identify the major problems & to agree on the needed recommendations to devise future strategy has never taken place before among the NGOs.

I am concerned about the deteriorating trend of the gender discrimination in the society. It is upto us, the NGO community, the GOB, the politicians to commit ourselves to this issue & make an appreciable change.

I hope this symposium will prove beneficial for all gathered here today.

Thank you,

INTRODUCTION BY UNICEF

Ms Jowshan Rahman
Coordinator, WID
UNICEF

Ms Rahman opened the discussion by pointing out poverty as the root cause of the existing health and nutrition problem of the girl children. She has also mentioned that, eradication of poverty is a very difficult proposition. Furthermore she pointed out that SAARC has declared 1990 as the Year of the Girl Child to make us realize that the girl child is deprived and we need to pay attention to her problems. So, it is the right time to identify the major problems to take up practical and doable programmes to confront and to improve the situation.

Subsequently she stressed on the fact that the Government of Bangladesh has already taken up an initiative to implement the issue. The responsibilities also lie with the NGOs to take it up as a social movement and to take measures to facilitate the social mobilization process in favour of it. She made a request to all to take it not only as a beginning but also as a continuous process into the following decade. The programmes should be sustainable and durable.

PAPER I

HEALTH CARE FOR THE GIRL CHILD IN BANGLADESH BARRIERS, NEEDS, AND STRATEGIES

by Mr Wuzal, Dr M Ahmed, Ms R Miru, Ms M Munro, and Dr M Whittaker
MCH FP Extension Project of the international Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B); June 1990.

The status of girl children in Bangladesh is the precursor to that of Bangladesh women, whose disadvantaged role has been well documented. Islam (1990) analyzes the situation for UNICEF in a SAARC Year of the Girl Child report and concludes that female children are discriminated against in the areas of health, education, and socio-economic life. Bangladesh is one of the few countries in the world where female life expectancy is less than that of males. After the age of one year, female mortality exceeds that of males.

The MCH-FP Extension Project of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) carries out operational research in the areas of family planning and maternal child health in two rural upazilas, namely Abhoynagar and Sirajganj Sadar Upazilas. It collaborates with Government of Bangladesh workers, to identify barriers and uncover strategies for the improvement of their programme. The project`s research and supportive roles have allowed observation of the everyday lives and the status of women and of children in the field sites. The Extension Project's work grew out of Matlab, the original ICDDR,B field site.

A frequently used tool in operational research is the focus group session. At times this method gives one insights into attitudes other than those specifically being studied, as does the following exert from a session exploring fertility transition.

> "Apa, I do not want to have a girl child. You see from birth to death a girl is neglected and deprived from mental and social well-being. Even mothers like me prefer to have sons. I know much problem I had to face during my past days and I am ready for all other future problems and negligences of society. What is the use of having another girl to become a victim of the problems? I think that is why mothers do not even want a girl." (Nag, Duza, & Koenig, 1988).

The lesson learnt is that a female's status is always low, even as perceived by her mother.

Focus group sessions with newly married young women in Matlab showed that, as girls, they were taught little about health and nothing about reproductive health. (Simmons & Mita, 1989). Peer group discussion was their primary source of information. This did not stop their curiosity. The girls reported circulating rumous from observed situations of married women around them as well as information gleaned from the radio, whether or not they understood the broadcasted information. Young girls are a forgotten group in Bangladesh and health is no exception. With this in mind the Extension Project has summarized its field observations of the health care barriers and needs of girl children.

BARRIERS

1. Girl children are not identified by their families or by society as being needy. An UBINIG (1989) study identified gender bias in the reporting of girl's diseases. This bias increased as the girls progressed from babyhood to adolescence.

2. Government Health and Family Planning Programmes have target populations and girl children are not included in any of these. Child care is for children under five years of age. The family Welfare Centre programme is aimed at married women 15 to 45 years of age. There is confusion about the provider of care for an unmarried young woman with a reproductive problem. Health Assistants are prevented from treating female children because of cultural constraints. Girls always seem to fall between the cracks.

3. Fewer girls attend school and this is more pronounced in the rural areas and for poorer families. Because of this girls, especially those most in need, have less access to health education in schools.

4. A girl's primary source of health information is her peers. This situation results in proliferation of misinformation and myths.

5. If an unmarried girl has a health problem and she discusses it within the hearing of others, her prospects for marriage are reduced (UBINIG), 1989). Therefore she hides ailments and treatment is not sought. She may discuss problems with peers but this interaction will be veiled in secrecy and rumors.

6. In Bangladesh there is no reproductive "rite of passage" into womanhood. Conversely, menarche is a time for the young woman to be hidden. Girls do not have a reliable source of reproductive health information as they pass through puberty.

7. During her girlhood, the Bangladeshi child is expected to work at child care and in the household. If the family is poor, she also may be required to work outside of the home. Often she spends long hours working, neglecting her own health.

8. All females in Bangladesh have less access to food than males. Boys are preferentially fed from babyhood until death. This is true despite the fact that a growing girl has more nutritional needs than her male counterpart.

9. All women in Bangladesh have restricted movement areas and once a girl reaches puberty this also applies to her. Indeed she may be even more restricted to protect her chastity.

10. Female children in Bangladesh are often at risk of abuse from within and without their families. They are beaten by family members and sometimes attacked by strangers for a variety of reasons, often related to the protection of their purity. A special form of violence, rooted in Purdah, the protection of women by hiding them, is a violent type of exorcism when for some reason it is believed that the person is under the spell of evil spirits. The traditional healer or Kabiraj is consulted and performs the exorcism. As a girl is considered to be innocent, she is thought to be more susceptible to evil spirits and therefore more likely to require exorcism. Examples are beatings and strong emetics to force the spirit out. None of these forms of violence are recognized as problems.

11. Lastly, the girl is also a female, and in Bangladesh that automatically given her inferior status.

HEALTH CARE NEEDS OF THE GIRL CHILD

A girl in Bangladesh has health care needs of her own but her role in society means that there are other needs. She cares for children and also has a future role in disseminating health information to her family. Thus this section is divided into three.

As a Person

1. Female children need information about their bodies and about how to stay healthy. Important topics are family welfare and reproductive health, including menstruation; nutrition and the need for food to be healthy and to bear children safely; mother care, including antenatal and postnatal needs, to prepare the girl child for the future and; empowerment, so that the girl believes that she has rights to food, to information, to health care, and to safety from abuse.

2. Girls in Bangladesh need quality food, especially sources of protein and iron, to help them to grow and to prepare them for life as a woman.

3. Menstrual problems are common among pubescent women and they need a source of care to deal these problems if a young woman does happen to experience a reproductive problem before marriage, she also requires care.

4. Young women also require a place where they can seek health care; a site that is culturally appropriate for them to visit, where they can discuss problems without fear of repercussions, and where they are a mandated recipient of services.

5. At 15 years all women require tetanus immunization to protect them and their future infants. The present system does not easily facilitate the recognition of them as immunization targets until marriage.

6. Early marriage is a well-documented feature of Bangladeshi society. This often results in early childbearing, another risk that increases her health care requirements.

7. Children and adolescents have psychological needs and those of females are heightened by the socio-economic situation in Bangladesh. Contributing factors are menstruation, the violence girls are often subject to, the stress of the responsibility of work, and the ever present worry about dowry and "marriageability".

As a Child Care Giver

1. Her role as a care giver exposes the girl to childhood and other infectious diseases. She may also become a reservoir of disease perpetuating the disease cycle. Thus she has need to be screened and treated as well as to receive education about the spread and the control of disease.

2. In fact the female child requires detailed information about all aspects of child care as she is so often found in that role.

3. Household work and child care are stressful on the body and the psyche, more so for a growing young person. The girl child has health care needs that arise from these roles.

As a Health Provider and Educator

1. In every society, women provide health care. Indeed mothers are the first persons contacted and the primary care givers in most illness episodes. Often the girl is the most educated person in the household during an illness. She accompanies the sick person, often a younger sibling, to the health care provider, receives instructions, and then explains them to the mother. She needs basic health care information and skills to enable her to do this effectively.

2. The girl child will grow to be the mother of tomorrow and she needs information to equip her for that role. Family health needs; hygiene; nutrition; disease prevention; and simple, safe home remedies are some of the major topics that female children need to learn in preparation for adulthood.

RECOMMENDATIONS AND STRATEGIES

From the barriers to health care and the many needs of Bangladeshi girls arise the following recommendations.

1. All people of Bangladesh must be educated about the special needs of girl children. Violence towards all women, preferential treatment of males, and preventing girls from learning about health must be displayed as anti-social behavior.

2. Educational programmes about all aspects of health must be targeted to female children, particularly in the areas of family welfare, reproduction, nutrition, child care, and their rights. As school enrollment of girls increases, it may be possible to plan separate classes for this purpose. Those girls unable to attend school could be reached by field workers, like Family Welfare Visitors, with appropriate training.

3. It is imperative that someone be specifically mandated to provide health care to children. This health care could be provided in an outreach fashion, like a satellite clinic. It must be accessible to girl children and to young unmarried women.

4. Workers at all levels must be trained about the special health needs of girl children, including psychological needs.

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..... AND THE DISCUSSIONS WHICH FOLLOWED .....

Referring to the question raised by Ms M Munro, " who is going to marry a sick girl", Ms Jowshan Rahman explained that, in our poverty striken society, the girl child is more distressed because they are victims of disparity in the family. Compared to the boys they get less food, and less health facilities. As a result, they are more prone to falling ill. She also mentioned that since the goal of the common girl child of our society is to get married, if she falls sick, her illness is hidden from the society. Reflecting upon the above realities she tried to conclude that, along with the poverty alleviation activities, steps should be taken to make the girl child an economically productive person of the family. An awareness building programmes should also be continued to make the people realize that, a girl child is also an equally potential member of the family like a boy. She also pointed out that integration of economic and health related aspects is a necessary precondition. So the relevant question is, how do we make this girl child a more economically productive participant in a the family.

Mr Afsan Chowdhury

Referring to the current policy followed by the government in recruiting Health Assistants he put forward a suggestion to preference of females in the future recruitments. In response to this Ms Shirin Jahangir pointed out that there are 30,000 FWVs & FWAs already working within the government system. They are supposed to contact all the fertile mothers of the country. Since girl children normally stay with their mothers they are also indirectly exposed to the FWVs. So the main emphasis should be given on training curriculum. In this regard she tried to point out that, health and nutritional aspects should be incorporated within the training curriculum more systematically to train those as better health education provider.

Referring to the above issue, Ms Munro said that, FWVs should not be taken as an easy solution. Because they are more involved in family planning related activities these activities are even now jeopardised because of the extra work FWAs are often requested to take up. However Mr Afsan Chowdhury urging for all affirmative government policy to employ more female workers at the field level.

Subsequently Ms Jowshan Rahman concluded the discussion by identifying issues that require to be taken up:

a. Affirmative policy by the government.
b. Encouraging education programme with special emphasis on the girl child.
c. Empowerment of women by providing them with knowledge and life skills, specially in the health and nutrition field. Awareness also has to be created among the male members of the society, because without his approval the wife cannot work. So, a social movement is also important to spread the messages.

PAPER II

NUTRITION & GIRL CHILD

Dr Atiur Rahman
BIDS

1. Introduction

During one of my many field trips, I came across some interesting evidence which I would like to share with you today. A school teacher, a graduate, who already has five daughters still wants a son. Although his wife is not ready, he wants another child as he does not consider his five daughters good enough to continue his family heritage. I came across another wretched woman who has been abandoned by her husband because she has 3 daughters. Hundreds & thousands of women are facing similar problems. These are the socio-economic realities of present day Bangladesh. The problem of malnutrition of children, especially girl children, has to be seen within this context.

2. The most disadvantaged group

That the women & children are more deprived than other groups in a community is more or less an established fact. If we single out the girl children from the above group we find them much more disadvantage. From the National Statistics we find that the extent of malnutrition among the female child is much higher than that of male ones. When severe malnutrition is 22.6% for girl child below 5 years according to 1981-82 National Nutrition Survey it is only 8% among male child.

3. Measures of malnutrition

Nutritional status of an individual has 2 types of measurements: (i) Anthropometric i.e. in terms of height, weight & age (ii) Biochemical (e.g. food intake). These measurements are compared with western standard to categorize severe, acute & chronic malnutrition. We normally use weight for height criteria where 90% of western standard is normal for us, 80-90% mild malnutrition, 70-80% low grade malnutrition, below 70% severe malnutrition.

From Bangladesh National Statistics we see that female children specially in the rural area are really in a sad state. The percent of the female children below 72 months are acutely malnourished whereas in case of male the figure is 9.5%. What is most disturbing is that deprivation starts at a very early age.

It may be noted here that depth per thousand for female children is less than male at birth but by the age of four the number of deaths is more for the girls-all because of malnourishment & deprivation.

The discrimination against girl children starts so early mainly because of underestimation of women's role in the economy and society. It is believed that women do not contribute much in productive activities. Such a perception has to be seen in the context of overemphasis given to 'cash earnings' rather than total earnings which includes 'cost-saving' incomes as well.

4. The Case of Grameen Bank

In terms of actual statistics from Grameen Bank where we presume they are taking care of the disadvantaged group we find that 5.9% of female child are severely malnourished (considering weight for height) which none of the male child are so. In contrast we see 11% of female children & 5% of male ones belonging to a similar group but not members of GB are severely malnourished.

Considering height for age criterion, 50% of female children & 31% of male children are malnourished. In the control group it is 57% for female & 38% for male children. Taking weight for age criterion, 33% of female children belonging to Grameen Bank are severely malnourished while the figure is 24% of the boys. In the control group, it is 42% for girls & 31% for boys.

It is quite astonishing that one comes across such a differential nutritional status for boys and girls from families belonging to GB which has been making conscious efforts to improve the socio-economic condition of the poor women by providing them credit.

5. Why discrimination?

I think it is a structural phenomenon in Bangladesh. Hence interventions by organizations like GB alone cannot change the situation overnight.

In Bangladesh it is a general trend that the mother first serves the food to the father and other male members of the family. The girl eats with the mother and is expected to be satisfied with whatever has been allocated to her. The mother at times starves if no food is left behind. The social set-up is as such that the health needs of a man are given more importance than others since he is considered to be a `cash earner. If he stops earning cash there will be no one else to feed the family. This has a direct impact on the nutrition status of the mother. As a result of this, she is malnourished and faces more health related problems and this is a vicious cycle because it is an well established fact that a malnourished mother will give birth to an under weight child. At birth, the weight of girl and boy may be same, but in due course she too will face the same predicament as her mother did before her.

6. Crisis coping capacities of women

Bangladesh is always at danger from natural hazards which include devastating floods, cyclone, famine etc. Other than these, river banks are always eroding, uprooting thousands of families from their homes.

Such natural hazards only precipitate the crises prevailing in rural Bangladesh. Crises may be two types; domestic and generalized.

i) Domestic crisis would include meeting, large dowry demands, death of a bullock etc. Under such stressful conditions, the wife is asked by her husband to sell her jewellery or to get extra money from her father or brothers. And when all these fail she is left to fend for herself and her children. The society is hardly sympathetic to her as traditional safety net has already been ruptured.

ii) Generalized crisis would include, for instance, ecological disaster caused by river bank erosion, flood or for that matter commercial greed (for, say, shrimp culture), war etc.

In all these crises, women and children are the worst victims. They are invariably at the last rung of deprivation ladder and as such can hardly cope with such a crisis.

When a country like Bangladesh speaks of development projects to eradicate poverty, it has to take into account policies which may help manage such crises. Therefore, I would like to define development as the state where people are more capable of facing disasters and deprivations and simultaneously reducing vulnerabilities.

In order to help raise the status of the girl child, she should be made not beneficiary of development. The society should also recognize the need to alter the pre existing ideas of her social status. There is no alternative to removing disparity.

7. Conclusion

We need to change the political culture of our society so that women and girl child are not pushed aside as appendices of our society. Such are thinking process should be made part of the national thought process. Alone we face vulnerability, but united we stand strong and we need to work for increasing number of a networks for the poor, especially the poor women. We have to protest to bring about these awareness in the society through the participation of the national media. It has to be a national fight where everyone must be involved.

It is sad that despite recognizing the disadvantaged position of women, the draft Fourth Five Year Plan has not done much in changing the sectoral allocation for concrete development projects which may improve the status and condition of women. There is a need for well thought out nutrition policy giving due focus to the severely malnourished children of Bangladesh.

Table-1

Age Distribution of Children by Sex

	Age Group	GB Boys	GB Girls	GB Total	NON- GB Boys	NON- GB Girls	NON- GB Total
Children	1-3	7	9	16	8	9	17
	4-6	16	14	30	15	16	31
	7-9	16	13	29	16	12	28

Table-2

Calorie Intake (k Cal / Person / Day) for Age groups (Children by Sex)

Age in year	GB Boys	GB Girls	GB Both	NON-GB Boys	NON-GB Girls	NON-GB Both
1-3	827	822	825	690	673	681
4-6	1305	1291	1298	1198	1175	1186
7-9	1653	1633	1644	1326	1300	1315

Table-3

Protein intake (grm / person / day) for different Age Group of Children (Male and Female)

Age group	GB Boys	GB Girls	GB Both Sex	NON-GB Boy	NON-GB Girls	NON-GB Both Sex
1-3	25	23	24	18	14	16
4-6	38	34	36	32	26	29
7-9	45	41	35	35	28	32

Table-4

Weitht for height of children (by sex) upto 9 years in (in per cent)

Nutritional Status	GB Boys	GB Girls	GB Both sex	NON-GB Boys	NON-GB Girls	NON-GB Both sex
Normal	60.0	38.2	50.67	35.9	21.4	30.14
Mild under Nutrition	28.9	47.1	30.67	51.3	50.0	50.68
Moderate under--- Nutrition	11.1	8.8	13.33	7.7	17.9	12.33
Sever Under-- Nutrition	-	5.9	5.33	5.1	10.7	6.85
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table-5

Height for age of boy and girls upto 9 years (in percent)

Nutritional Status	GB Boys	GB Girls	GB Both sex	NON-GB Boys	NON-GB Girls	NON-GB Both sex
Normal	15.6	7.1	12.66	7.7	3.6	5.63
Mild Under nutrition	20.0	10.7	16.46	25.6	21.4	23.94
Moderate under nutrition	33.3	32.1	32.91	28.2	17.9	23.94
Severe under nutrition	31.1	50.0	37.97	38.5	57.1	46.48
All	100.0	100.0	100.0	100.0	100.0	100.0

Table-6

Weight for age of boy and girls (GB and Non GB (in percent)

Nutritional Status	GB Boys	GB Girls	GB Both sex	NON-GB Boys	NON-GB Girls	NON-GB Both sex
Normal	24.4	19.4	21.8	4.9	-	2.7
First degree malnutrition	15.6	11.1	14.1	17.1	10.0	13.7
Seconddegree malnutrition	35.6	36.1	35.9	46.3	47.5	46.6
Third degree malnutrition	24.4	33.3	28.2	31.7	42.5	37.0
All	100.0	100.0	100.0	100.0	100.0	100.0

PAPER II

..... AND THE DISCUSSIONS WHICH FOLLOWED .....

Following the presentation of Dr Atiur Rahman, Ms Jowshan Rahman to summarize the following

Certainly the girl child is more malnourished in the society.

The girl faces more discrimination in the family.

Most of the problems are related to the socio-cultural and economically status of the women in the society. Thus providing them with the education and income generation ideas we can bring about a change.

There is a strong need of a national nutrition policy.

Women too play important role in generating productive activities and emphasis given to girl children should be seen in that light.

PAPER III

GOVERNMENT AND THE ISSUE OF GIRL CHILD IN BANGLADESH

By Ms Shirin Jahangir
Deputy Chief, Population Planning Wing
Planning Commission
Government of Bangladesh.

You are all aware that the Government Plans are made on a five year basis and the preliminary work is done from far before. I consider this forum as a stepping stone for focusing the "Girl Child" issue in the forthcoming Plans. Now that we are aware of the need to distinguish the girl child we hope to give due consideration to the issue. One thing I would like to inform is that in the Fourth Plan (1990-1995) for the first time in the planning history of Bangladesh the integration of women in national planning has received prominence. Bringing women into the mainstream of development has been articulated as one of the seven major policies of the Fourth Five Year Plan. I consider this to be quite a bold step. It is hoped that the girl child issue will also receive necessary focus in due course.

Eighty five percent of women of Bangladesh are the poverty stricken poor rural women. The women and girl children in our country are in a disadvantaged position specially in regard to their health, nutrition and educational aspects. Interestingly on the other hand the female new born is biologically stronger than the male, as evident in lower female neo natal death rates. This inherent female advantage is quickly reversed as soon as human intervention in the form of feeding and child care starts to have an impact.

The girl child issue has already been reflected in the Fourth Plan to some extent. In the "Population Control" chapter it is mentioned that the average weight of a Bangladeshi women is less than that of most developing countries and they have lower life expectancy. The fact that female children are more stunted than male children and that female child deaths between 1-4 years is higher has also been recognized in the Plan. Female child issue has been discussed but these are just reflections. Still I think this helps because when a line goes into the Plan it helps to develop projects.

The maternal mortality rate of our country (5.6) which is the highest in the world speaks of the low status of women. This issue has been emphasized in the plan. Maternal and child health projects (MCH) will be undertaken in a large scale and as a remedy for maternal and female health problems, female doctors will be appointed in the Upazilas Health Complex so that women of the community will be free to go to these doctors for medical care.

In the "Women`s Development" chapter of the Fourth Plan alleviation of poverty among women and girl children living below poverty line, and improving of nutritional intake of the female population has been mentioned that has relevance to the girl child issue.

Most of our friends here are from NGO sector and they have the advantage of testing small projects and strategies which if useful later on can be taken up by the Government for inclusion in a bigger scale.

I am very happy that VHSS has invited me to this symposium.

Thank you.

PAPER III

..... AND THE DISCUSSION WHICH FOLLOWED .....

Following the presentation of Ms Shirin Jahangir, Ms M Munro pointed out that as the girl child issue as such has not been incorporated in the draft of the Fourth Five Year Plan. A dialogue should be established with the government and the NGOs sector so that effective ways to strengthen health care strategies aimed at Girl Child could be tested and communicated. She also stressed the point that the work and planning should continue in order to construct a more substantial programme for the next Five Year Plan.

In answer Ms Shirin Jahangir said that issue of the women has risen in the macro chapters of the plan. She also suggested that a nominated coordinating NGO body can help in establishing a dialogue within the government and NGOs.

Ms Jowshan Rahman referring to the programme by the government to provide free education to girls upto class VIII she said that there is no system to measure the success of such a programme. So it is more important to set-up a national level monitoring system. Research organization like BIDS can pay a significant role in the issue.

PAPER IV

THE GIRL CHILD IN BANGLADESH PERSPECTIVE

Dr A F M Iqbal Kabir &
Mr Quazi Ghiasuddin
Save the Children Fund (UK)

INTRODUCTION

Conscious or subconscious discrimination against girl children is practiced in almost all countries of South-Asia region and nearly in all aspects of life. During its 1987 summit, SAARC declared that 1990 should be designated as the year of the Girl Child in its member countries. This initiative of SAARC has stimulated us to think of looking at the position of girl children in Bangladesh.

In fact, there has not been many studies on the situation of girl children in our country. Informations available do, however, confirm that they are discriminated - denied opportunities. This is due mainly to the preference for sons, socio-economic backwardness and traditional cultures, attitudes and customs.

This is common in every part of the society, but particularly prevalent among poor and illiterate households in both urban and rural areas, where the overwhelming majority of children are born and brought up.

Situation of Girl Children

Traditionally a Bangladeshi girl loses her childhood own name (if at all she is called by her own name, normally they are name as daughter of her father/mother), and become the "wife" of someone, mother of that baby, and would continue with that until she dies. This indicates that women in our society belongs to someone, and have no identity of her own.

This is just one example of how the girls are viewed or treated in our society. Their situation can, however, be readily illustrated by a few other facts and statistics, as below. It may be mentioned here that in the absence of any consensus, the span of a girl has been taken from birth to the attainment of 18 years of age.

Socio - cultural

The birth of a girl child in a family causes reaction of anger, gloom, disappointment, sadness in varying degree, unless she happens to be the only daughter after several or many sons.

This confirms that in Bangladesh culture preference is for sons. There are several reasons for this:

i) Sons are economically more productive and regarded as the future bread winners for the poor families;

ii) It is seen as important to have a male heir to continue the family name and for greater security;

iii) Girls are not permanent members of their families; they leave after their marriage to stay with their husbands and cannot be relied upon by their parents to support them in their old ages;

iv) It is expensive to arrange the marriage of girls; in most cases parents need to pay substantial dowry to their son-in-laws.

This preference for sons, whatever may be the reasons are, causes the inferior treatment of girls almost from the start of their lives.

Health & Nutrition

- Expectation of life of male children is higher than that of the female children;

- The consumption of calorie and protein by girl children in the age group of 1 - 4 years are respectively 16 percent and 12 percent lower than by their male counterparts;

- More girls (57.8%) than boys (54.8%) are stunted i.e. low heights for ages, with the highest prevalence of stunting amongst rural girl children (59.1%);

- 9.5% of girls are wasted i.e. low weights for heights, compared to 6.8% of boys, with the highest prevalence amongst rural girls (9.8%);

- The Child Death Rate (CDR) per 1000 children of ages 1 - 4 years is 15.1 for girls and 11.9 for boys.

The possible reasons for this are:

i) Discriminatory practices in providing supplementary food to girls after they reach the age of 1 year;

ii) The socially conditioned attitude that the girls should be patient and sacrificing, and hence should eat whatever smaller quantity of food is left after others in the family have been served;

iii) Prohibition on taking food (taboos) i.e. eggs, beef and big fish during menstruation;

iv) Discrimination in obtaining health services (more male children are brought to treatment facilities by their guardians, more frequently).

Education

- 50% of girls enroll in primary schools compared to 70% of boys;
- Only 10% of girls age 10-14 remain in school compared to 23% of boys;
- 4 out of 10 boys attend secondary school compared to 1 out of 10 girls.

The possible reasons for this are:

i) Early marriage for girls;

ii) Lack of sufficient girl's school, particularly in the villages and unwillingness by parents to send their daughters to co-educational schools after their puberty;

iii) Help by girls in domestic works;

iv) Parents disinterest to educate girls beyond informal education at home, as traditionally and culturally they are not counted as productive;

v) Poverty.

Others

Other forms of discrimination against girls child are:

- Girls are restricted in mobility and contact with males to protect their reputations as any deviation may ruin their prospects or future as wives and mothers;
- Violence like rape, physical assault, kidnaping and trafficking;
- Inadequate right to property (as per Muslim Law girls inherit half of the son's share);
- Oppressive marriage practices (usually arranged by parents; daughters have little say in such a vital matter).

Measurers

The problems and constraints faced by girl children demand the attention of all concerned in formulating appropriate policies and programmes to address the same. Today's girls are tomorrow's mothers if discriminated against, women of the coming generations will continue to lag behind and suffer. And no real progress of making and development will be possible, given the fact that they constitute almost half the country's population.

Different laws have been imposed and legal steps taken by the Government to restrain child marriage; protect girls from violence; make education free for girls upto class VIII etc. The Government and NGOs have also undertaken different programmatic activities to correct the imbalances that exist in the situation of the girl child.

However, the following are some specific suggestions which we may consider to address the discrimination against girl child:

- Ensuring and establishing the "rights of the child" at early and late childhood;
- Ensuring maximum formal and non-formal education;
- Avoid exploitation;
- Social mobilization for positive attitude and positive change in behaviours;
- More employment opportunity.

But we need to remember that whatever we do will have little or no impact, if they are just meant to provide increased access to facilities and opportunities for the girl child. We feel that denial of opportunities and facilities is only a symptom of the oppressive condition of the girl child's life. The idea is not merely to change practices but to change attitudes.

For example, a girl who has been to school will not necessarily be a self-confident young woman. She may have faith in her abilities to read and write but if her textbooks have repeatedly told that a good women is a wife who is obedient, her sense of self-worth is not going to be any higher than that of her illiterate mother.

Let us look at this in the context of "programmes". Say we initiate a tailoring programme with good marketing back up for a group of 10 unmarried teenaged village girls. The girls begin to earn a sizable income.

As facilitators of this skill training-cum-economic development programme what is our role? Do we tell them that this new skill (tailoring) will make them better/more efficient wives and mothers; the money they earn will add to the incomes of their families (now parental, later husband's); this money should be saved to pay for their marriage expenses? Or do we help these girls understand the operation of economic forces, understand the actual meaning

of having an independent income and equip them with the ability to decide what to do with their money?

It is this last thing we need to understand if our efforts to intervene in the life of the girl child are to have an impact. We may be able to ensure that the girl child gets enough to eat but can we create conditions so that males and females eat together? Girls may go to the university but how do they battle the gender stereotyping that starts with first primer - " Father goes to the office and mother looks after the children"? A girl may have access to health care but can she question the assumption of a medical system that asserts that girls should be healthy only so that they can produce healthy babies?
So what we are talking about is not merely to ensure that girls get equal access to food, health care, education, love, respect etc. like their male counterparts, but also a change the way they are viewed by our society. And we need to remember that change is not a static outcome but a dynamic process which involves continuous re-examination and questioning of our ideas and their implementation. The problems are mainly rooted to the socio culture and we need to consider to develop programmes which cmrge from local culture and at the same time, effective, sustainable and acceptable culturally.

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5. Situation of Women in Bangladesh — UN decade for Women 1976 - 1985
6. Looking at the Girl Child — A paper presented by Anchita Ghatak (Child In Need Institute, West Bengal, India) at SCF's SARC Seminar on Girl Child (June '90).

SYMPOSIUM ON THE YEAR OF THE GIRL CHILD IN BANGLADESH

Date : July 19, 1990.

RECOMMENDATIONS:

A. Girl Child as an Active Participant in Her Community

a. Establish her self esteem through life skills development.

b. To become part of the income generating force.

c. Ensuring and establishing rights of the girl child.

B. Develop a Nutritional Policy at the National Level

a. Identify the actual nutritional status of the girl child on a nation wide basis.

b. Design programmes focusing upon the health and nutrition of the girl child.

C. Information Dissemination

a. Creating public awareness through the national media specially for men.

b. Publications, posters, manuals etc. regarding the girl child.

c. Social mobilization through NGO participation.

d. Educate Girl Children themselves about their needs & lives.

D. To Identify Strategies Implementation issues and constraints regarding programmes of the Girl Child.

a. Identify the utilization of the preexisting health care facilities for the girl child.

b. Setting up monitoring mechanism in this regard.

c. Increase the number of female health assistants to facilitate a greater use of health care services by and for the girl child.

PRESS CLIPPING:
The Bangladesh Observer
21/09/90

Development of girl child stressed

Planners and socio-welfare organizers at a seminar in Dhaka on Thursday underscored the need for instrumenting a social campaign for developing the over all standard of girl child in the country, reports UNB.

The seminar held on the occasion of the year of the girl child in SAARC countries reviewed the socio-economic problems faced by the womenfolk in the country and urged for proper planning to develop the mass of girl children into a more productive force.

The SAARC summit held in New Delhi decided to observe 1990 as the year of the girl child in the member countries.

Organised by VHSS, a voluntary agency engaged in health care activities. It was participated by officials and experts from the planning commission various organizations and different NGOs.

Shirin Jahangir, Deputy Chief of the Population Wing of the Planning Commission in here speech observed that the issue of girl child development should be a vital aspect for the over all developmental planning of the government.

Michelle Munro of ICDDRB participating in the discussion said that the first thing a girl child needed most is her access to information.

Referring to the situation of the girl child of the country she said "women themselves create women's disadvantage"

"A girl's future here lies only in her marriage", Munro commented.

Afsan Chowdhury from the UNICEF said that efforts to improve a girl's knowledge about health and nutrition could improve the status of the girls in the country.

In his paper Dr. Atiar Rahman of BIDS regretted that the girl child in our society faced discrimination from their parents.

Winding up the symposium, Jowshan Rahman, Women's Development Coordinator of UNICEF recommended that a dialogue between the NGOs and the government agencies be arranged to coordinate any action plan in this regard.

She urged the government to immediately formulate a national nutrition policy to help ensure proper nutritional standard for the people particularly the children.

সংবাদ ২১/০৭/৯০ইং

শিশুদের জন্য পুষ্টিনীতি প্রণয়নের ওপর গুরুত্ব আরোপ।

গত বৃহস্পতিবার ঢাকায় অনুষ্ঠিত একটি আলোচনা সভায় শিশুদের বিশেষ করে কন্যা শিশুদের জন্য পুষ্টিনীতি প্রণয়নের প্রয়োজনীয়তার ওপর গুরুত্ব আরোপ করা হয়েছে।

বাংলাদেশের কন্যাশিশু বর্ষ-১ পালন উপলক্ষে ভলান্টারী হেলথ্ সার্ভিসেস সোসাইটি (ভি এইচ এস এস) আয়োজিত আলোচনা সভায় বক্তরা কন্যাশিশুদের কল্যাণ নিশ্চিত করার জন্য জাতীয় পর্যায়ে পর্যবেক্ষণ পদ্ধতি প্রবর্তনের পক্ষে বক্তব্য রাখেন। খবর বাসস'র।

ভি এইচ এস এস -এর পরিচালক ডাঃ নাসির উদ্দীনের সভাপতিত্বে অনুষ্ঠিত আলোচনা সভায় বক্তারা বাংলাদেশের মহিলা ও কন্যাশিশুদের বিভিন্ন সমস্যা সম্পর্কে বিস্তারিত আলোচনা করে এসব সমস্যা ঐকান্তিকভাবে সমাধানের জন্য জরুরী পদক্ষেপ গ্রহনের আহ্বান জানান।

সংবাদ ১৯/৭/৯০

আজকের অনুষ্ঠান

'যুব আইনজীবী সমিতির ঈদ পুনর্মিলনী উপর আলোচনা সভা ও সাংস্কৃতিক অনুষ্ঠান বিকেল ৫ টায়। ৪৪, তোপখানা রোডস্থ প্রেসক্লাব মেজবানায়।

- 'যুব আইনজীবী সমিতির ঈদ পুনর্মিলনী উপলক্ষে আলোচনা সভা ও সাংস্কৃতিক অনুষ্ঠান বিকেল ৫ টায়। ৪৪ তোপখানা রোডস্থ প্রেসক্লাব মেজবানায়।
- 'মানব ধর্ম ও বিশ্ব ভ্রাতৃত্ব' শীর্ষক আলোচনা সভা ও সঙ্গীতানুষ্ঠান জগন্নাথ হলে সন্ধ্যা ৭ টায়।
- 'আশ্বাস' মহিলা সংস্থার ঈদ পুনর্মিলনী অনুষ্ঠান ৪/১, লালমিনি স্টাফে, বেলা দেড়টায়।
- ভলান্টারী হেলথ্ ,সার্ভিসেস সোসাইটি মিশোজিয়াম আন্তর্জাতিক তথ্য কেন্দ্রে সকাল ৯ টায়।

- কর্নেল আবু তাহের মিলনায়তনের উদ্বোধন ৩৫/৩৬, বঙ্গবন্ধু এভিনিউস্থ তৃতীয় তলায় বিকেল ৫ টায়।

- ঢাকা মহানগরী এনএপি'র দপ্তর সম্পাদক ও দলের কেন্দ্রীয় কমিটির সদস্য প্রয়াত মনীষ গোস্বামী স্মরণে সভা সূত্রাপুরে বিকেল ৩ টায়।

- কর্নেল তাহের স্মরনে নারায়ণগঞ্জ জেলা জাসদের আলোচনা সভা ও মিনাদ মাহফিল ফতুল্লা পোষ্ট অফিস মোড়স্থ দলীয় কার্যালয়ে বিকেল ৫ টায়।

- ঢাকা বিশ্ববিদ্যাল জালালাবাদ ছাত্র কল্যাণ সমিতির কার্যনির্বাহী পরিষদের সভা বিকেল ৫ টায় অপরাজেয় বাংলা'র পাদদেশে।

- মাদকদ্রব্যের অপব্যবহার সম্পর্কে 'মানস'-এর অনুষ্ঠান রানমস্থিত গভর্নমেন্ট ল্যাবরেটরী স্কুলপ্রাঙ্গনে দুপুর ১২টায়

- ঢাকা বিশ্ববিদ্যালয় ভূগোল বিভাগের প্রাক্তন ছাত্র ছাত্রীদের এলুমনাই সমিতির ঈদ পুনর্মিলনী ও সাধারণ সভা বিকেল সাড়ে ৪ টায়।

- বাংলাদেশ ক্রেসীজের ১২তম মধ্য-বার্ষিক সম্মেলন উপলক্ষে দু'দিনব্যাপী অনুষ্ঠান উদ্বোধন কুষ্টিয়া শিল্পকলা একাডেমী মিলনায়তনে।

- মোটরস্যাকস্ট ক্লাব অব ঢাকা নর্থের নিয়মিত সভা হোটেল ডি প্যালেসে বিকেল ৫ টায়।

- কোম্পানীগঞ্জ উপজেলা জনকল্যাণ সমিতির কার্যনির্বাহী পরিষদের সাধারন সভা ২৮/এ, সেগুনবাগিচার দ্বিতীয় তলায় বিকেল ৫ টায়।

The Year of
THE GIRL CHILD
in
Bangladesh

A Symposium

19 July 1990

UNIC
(United Nations Information Centre)

Organised by
VHSS
(Voluntary Health Services Society)

PROGRAMME

19 July 1990

9:00 - 9:30	Inauguration Speech	Dr. Nasir Uddin Director, VHSS
	Introduction by UNICEF	Ms. Jowshan Rahman Co-ordinator, Women's Development, UNICFF
9:30-10:15	Paper I Health Care for The Girl Child in Bangladesh-Barriers, Needs & Strategies	Ms. Michele Munro MCH-FP Extention Project. ICDDR.B
	Discussion	
10:15-11:00	Paper II Nutrition & Girl Child in Bangladesh	Dr. Atiur Rahman Senior Research Fellow B. I. D. S
	Discussion	
11:00-11:45	Paper III GOB & The Health of The Girl Child	Ms. Shirin Jahangir Deputy Chief Population Planning Wing Planning Commission
	Discussion	
11:45-12:30	Paper IV Girl Child in Bangladesh Perspectives	Dr. AFM Iqbal Kabir Project Health Co-ordinator Save the Children Fund (UK)
	Discussion	
12:30-13:00	Plenary	
	Rapporteurs:	Mr. Md. Farid Uddin, VHSS Mr. Rasheduzzam, VHSS Ms. Nahid Rahman, VHSS
Symposium Coordinator:		Dr. Shabnam Shahnaz

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The Symposium in Pictures :

"I am concerned about the deteriorating trend of gender discrimination in the society. It is upto us, the NGO community, the GOB, the politicians to commit ourselves to this issue & make an appreciable change"

Dr. Nasir Uddin
Director, VHSS

"Why do not we all who are gathered here today meet again in 3 months time to discuss how much we have achieved in creating a positive environment for our Girl Child in Bangladesh."

Ms. Jowshan A. Rahman
Co-ordinator, WID
UNICEF

"Young girls are a forgotten group in Bangladesh and their health is no exception."

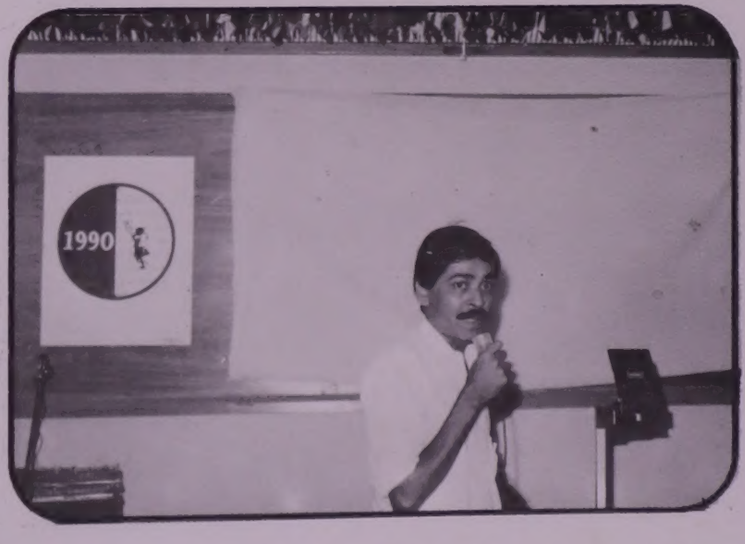
Ms. Michelle Munro
MCH/FP Extension Programme
ICDDR,B

"I consider this forum as a stepping stone for focusing the Girl Child issue in the forthcoming Plans."

Ms. Shirin Jahangir
Planning Commission
Government of Bangladesh

"When severe malnutrition is 22.6% for girl child below 5 years according to 1981-82 National Nutrition Survey it is only 8% among male child."

Dr. Atiur Rahman
B. I. D. S



"So what we are talking about is not merely to ensure that girls get equal access to food, health care, education, love, respect etc. like their male counterparts, but also a change in the way they are viewed by our society."

Dr. A. F. M. Iqbal Kabir
Save the Children Fund (UK)

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